

CERTIFICATION OF OUT-OF-STATE SERVICE

PUBLIC SCHOOL TEACHERS, SCHOOL ADMINISTRATIVE PERSONNEL AND SUPERINTENDENTS

New Hampshire Law permits members to purchase previous out-of-state service as creditable service in the New Hampshire Retirement System, *if they are not entitled to benefits from another system for the same period of service.*

INSTRUCTIONS AND GENERAL INFORMATION: To receive cost calculation to purchase out-of-state service as, complete part I only and forward to your former retirement system. To purchase out-of-state service you must be currently employed by a covered NHRS employer. You must have become a member of the NHRS within 18 months of leaving the other system, and must apply for this service credit within 5 years of your membership date. If you have accumulated contributions in the other system; unless such funds are not on deposit in a Section 403(b) or 457 governmental deferred compensation plan, those funds must be removed from the other system before the NHRS will consider your purchase request. Out-of-State service may be purchased with:

- A trustee to trustee transfer from a Section 403(b) or 457 plan,
- Other post tax dollars, or
- A combination of a trustee to trustee transfer from a section 403(b) or 457 plan and other post tax dollars.

FORMER RETIREMENT SYSTEM INSTRUCTIONS:

Individual named in **Part I** has applied for out-of-state service credit with the New Hampshire Retirement System. Please verify eligible out-of-state service credit by completing **Part II** and returning this form to the New Hampshire Retirement System, 4 Chenell Drive, Concord, New Hampshire 03301-8509.

PART I - TO BE COMPLETED BY APPLICANT (Please print)

Name	SS#	Phone (home)
Previous Name(s)		(work)
Mailing address		
Name and address of most recent employer covered under former retirement system		Current Employer
Signature		Date

PART II - TO BE COMPLETED BY FORMER RETIREMENT SYSTEM

According to the official records of the _____ Retirement System the above named applicant earned service credit while employed as a (check one) _____ Public school teacher or _____ other school related professional position: _____ (*indicate position title*)

In New Hampshire the purchase of previous out-of-state service credit is allowed only if the member is not eligible for any benefits in the out-of-state system for the same service credit.

1. State the total amount of service credit to the applicant's account in your system..... years ____ months
2. Is any of the service which was credited less than full time?.....Yes ____ No ____
If yes, indicate the amount of less-than-full-time service credit..... years ____ months
3. Indicate the last month and year that service was credited to applicant's account..... / ____
Month Year
4. Has the applicant withdrawn employee accumulated contributions?.....Yes ____ No ____
If yes, state total amount of refund.....\$ ____
5. Has the applicant withdrawn employer accumulated contributions?.....Yes ____ No ____
If yes, state total amount of refund.....\$ ____
6. Can the applicant reinstate these contributions?.....Yes ____ No ____
7. Is the applicant entitled to any residual retirement benefits for the above service?.....Yes ____ No ____
8. Does any less-than-full-time service represent a 50/50 job sharing of one position?.....Yes ____ No ____
If yes, identify under comments, page 2
9. Is any of the credit listed for employment other than public school employment?.....Yes ____ No ____
If yes, identify under comments, page 2
10. Is any of the credited service in your plan a result of contributions to TISS-CREF?.....Yes ____ No ____
If yes, identify under comments, page 2
11. Is any of the credited service in your plan a result of a transfer from another plan?.....Yes ____ No ____
If yes, identify under comments, page 2
12. Please identify if the applicant participated in a Section 403(b) _____ 457 _____ or other (identify plan) _____

Certification To Be Completed By Former Retirement System

I hereby certify that the information provided on pages 1 and 2 is accurate.

Certifying Official's Name Certifying Official's Signature Title Date

Address City State Zip Code () Phone Number

(OVER)

[illegible]